STATEMENT OF

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FORM 1		ORGANI	PRGANIZATION		Office Use Only	
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	Office Use Only	
·	·	NGRESSION	AL CAUCUS			
ADDRESS (number a	nd street)	P. O. BOX 3	98716			
(Check if address is changed)		MIAMI BEAC	CH	FL (33239	
		·	CITY	STATE	ZIP CODE	
COMMITTEE'S E-MA	address	SS (Please provide only on UScongress	e e-mail address) sionalCaucuses@	gmail.co	m	
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)				
(Check if is change						
2. DATE Ï 1	l ⁱⁱ ′8	" ′ ŽOʻʻI Ž				
3. FEC IDENTIFIC	CATION N	JMBER C				
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)			
I certify that I have of		JERRY MC	pest of my knowledge and belief it	is true, correct a	and complete.	
Signature of Treasur	er	Dany Mka		Date 11	′ 08° ′ 2012 `	
NOTE: Submission of	•		ion may subject the person signing to		he penalties of 2 U.S.C. §437g.	
Office Use Only			For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	